

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES
Arizona Department of Transportation Facilities - Revised 06/30/2002
National Emission Standards for Hazardous Air Pollutants (NESHAP)

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| THIS LINE FOR NESHAP REGULATORY AGENCY USE | U.S. Postal Service Postmark Date: | Commercial Delivery Service Delivery Date: | Other Hand Delivery Date: | ACTS#: | | |
| 1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Rev. 2; () Rev. 3; () Rev. 4; () Rev. 5; () Rev. 6; () Rev. 7; () Rev. 8; () Rev. 9; () Cancel; () | | | | | | |
| 2a. ADOT FACILITY INFORMATION: | | | | | | |
| Purchase Order Number(s) Issued: | | | | | | |
| Mailing Address: | | | | | | |
| City/Community: | | | State: | Zip: | | |
| Contact Person: | Telephone: | | Fax: | | | |
| 2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR: | | | | | | |
| Address: | | | | | | |
| City: | | | State: | Zip: | | |
| Contact Person: | Telephone: | | Fax: | | | |
| 2c. DEMOLITION CONTRACTOR/OPERATOR: | | | | | | |
| Address: | | | | | | |
| City: | | | State: | Zip: | | |
| Contact Person: | Telephone: | | Fax: | | | |
| 3. TYPE OF OPERATION: () Renovation, () Emergency Renovation, () Demolition, () Ordered Demolition, () Annual Non-scheduled Operations | | | | | | |
| 4. <i>PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART, BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR</i> | | | | DATE: | | |
| 5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation) | | | | | | |
| Building Name: | | | Visible Signage: | | | |
| Street Address: | | | Identifying Features: | | | |
| City: | County: | State: | Zip: | | | |
| City/County Renovation Permit#: | | City/County Demolition Permit#: | | | | |
| Building Size in Floor Area (Sq. Ft.) | | Number of Floors Affected: | Age of Facility: | | | |
| HOUSING UNITS ACQUIRED BY ADOT ARE NEHSAP FACILITIES | | Present Use: | Prior Use: | | | |
| 6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. () Polarized Light Microscopy [PLM]; () Point Counting; () Assumed; () Other _____ NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed ____/____/____ | | | | | | |
| 7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141 | | Amount of RACM to be Removed or Generated* | Amount of Nonfriable ACM | | | |
| | | | To Be Removed | | Not To Be Removed during Demo | |
| | | | CAT I | CAT II | CAT I | CAT II |
| On Facility Components: Pipes (Linear Feet) | | | | | | |
| On Facility Components: Surface Area (Square Feet) | | | | | | |
| Off Facility Components: Volume (Cubic Feet) | | | | | | |
| 8. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start Date: _____ Completion Date*: _____ Days of Operations: M T W TH F SA SU | | | | | | |
| 9. DATES FOR DEMOLITION (MM/DD/YY) Start Date: _____ Completion Date*: _____ Hours of Operations: _____ | | | | | | |
| Mail/Deliver to: | Copy to ADOT Procurement Office: _____ Mail original to County NESHAP Agency listed below if regulated by that county: | | | | | |
| Tracy Neal (T-5109B) NESHAP Coordinator Arizona DEQ/AQD 1110 W Washington St. Phoenix, AZ 85007 602-771-2333 | ADOT Procurement Contract Management 1739 W. Jackson Rm #100 Phoenix, AZ 85001 | Maricopa County APCD NESHAP Coordinator Attn: Erin Fairbank 1001 N. Central, #300 Phoenix, AZ 85004 602-506-6708 | Pima County DEQ NESHAP Coordinator Attn: Clem Fernandez 130 W. Congress St. Tucson, AZ 85701 520-740-3360 | Pinal County AQCD NESHAP Coordinator Attn: Kale Walch P.O. Box 987 Florence, AZ 85232 520-868-6765 | | |

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| 10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Popcorn Ceiling Texture <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> ≥5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____ | | |
| 11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____ | | |
| 12a. ASBESTOS WASTE TRANSPORTER #1: | | |
| Company Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Contact Person: _____ | Telephone: _____ | Fax: _____ |
| 12b. ASBESTOS WASTE TRANSPORTER #2: | | |
| Company Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Contact Person: _____ | Telephone: _____ | Fax: _____ |
| 13. ASBESTOS WASTE DISPOSAL SITE: | | |
| Company Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Contact Person: _____ | Telephone: _____ | Fax: _____ |
| 14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER | | |
| Name: _____ | | Title: _____ |
| State or Local Government Agency: _____ | | Authority: _____ |
| Date of Order (MM/DD/YY): _____ | | Date Demolition Ordered to Begin (MM/DD/YY): _____ |
| 15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv)) | | |
| Date and Hour of Emergency (MM/DD/YY - HH:MM): _____ | | |
| Description of the Sudden, Unexpected Event: _____ | | |
| Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____ | | |
| 16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: <input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site | | |
| 17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE. <div style="display: flex; justify-content: space-between;"> _____ (Print Name: Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date) </div> | | |
| 18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona): | | |
| <div style="display: flex; justify-content: space-between;"> _____ (Print Name of Inspector) _____ (Company Affiliation and/or phone #) _____ (AHERA Certificate Number & Training Provider) _____ (Expiration Date) </div> | | |
| 19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____ Rev. Date _____ <div style="display: flex; justify-content: space-between;"> _____ (Print Name: Owner/Operator) _____ (Title) _____ (Signature of Owner/Operator) _____ (Date) </div> | | |